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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/845,951 04/30/2001 PAT 6,663,599 which is a CON of 08/967,755 11/04/1997 ABN
 which is a CON of 08/547,441 10/24/1995 ABN
 which is a CIP of 08/467,843 06/06/1995 ABN
 which is a CON of 08/196,846 02/15/1994 ABN
 which is a CIP of 07/879,430 05/06/1992 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 03/25/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 10	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

Hemostasis cannula

FILING FEE RECEIVED 1008	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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